

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |  |  |
|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)<br>—  | <b>2 Total pages filed</b><br>— 5X —   |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br>(M)  | FIRST<br>LANA<br>LAST<br>WOLFF   | MI<br>W.<br>SUFFIX<br>—  |
|   | NICKNAME<br>—   |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX.<br>P.O. BOX 14374<br>ARLINGTON, TX 76094  | APT / SUITE #<br>CITY<br>STATE<br>ZIP CODE   | OFFICE USE ONLY<br>Date Received<br>13 JUL 15 PM 3:09<br>RECEIVED - CSO<br>Date Hand-delivered or Postmarked<br>Receipt #<br>Amount<br>Date Processed<br>Date Imaged |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE<br>(817)  | PHONE NUMBER<br>274-5972   | EXTENSION  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br>DR.  | FIRST<br>CHARLES<br>LAST<br>LEACH  | MI<br>R.<br>SUFFIX<br>M.D.   |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE)<br>400 W. ARBROOK #100<br>ARLINGTON, TX 76014   |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE<br>(817)  | PHONE NUMBER<br>419-8244   | EXTENSION  |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |  |
| <b>10 PERIOD COVERED</b>  | Month Day Year    THROUGH    Month Day Year<br>05/04/2013    06/30/2013   |  |  |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month Day Year<br>05/11/2013   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br>City Council #5   | <b>13 OFFICE SOUGHT</b> (if known)<br>—  |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME LANA W. WOLFF 15 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ - 0 -    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 4,950 -  |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ - 0 -    |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5,649.37 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 4,999.69 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 1,000 -  |

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lana Wolff  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lana Wolff, this the 15th day of July, 20 13, to certify which, witness my hand and seal of office.

Mary W. Supino MARY W. SUPINO City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**THREE (1083)**

2 FILER NAME  
**LANA W. WOLFF**

3 ACCOUNT # (Ethics Commission Filers)  
\_\_\_\_\_

4 Date  
**05/08/2013**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**RICK MERRITT**

7 Amount of contribution (\$) **250 -**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**3004 IRON STONE CT  
ARLINGTON TX 76006**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**05/08/2013**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**STEPHEN JONES**

Amount of contribution (\$) **1,000 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3900 MIRAMAR AVE  
DALLAS, TX 75205**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**05/08/2013**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**APT ASSOC. TARRANT COUNTY PAC**

Amount of contribution (\$) **2,500 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6350 BAKER BLVD.  
RICHLAND HILLS, TX 76118**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**05/08/2013**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**PEGGY JAMES**

Amount of contribution (\$) **50 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**P.O. BOX 121367  
ARLINGTON, TX 76012**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/08/2013**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**RANDY FORD**

Amount of contribution (\$) **100 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3507 TOWNLAKE CIR.  
ARLINGTON, TX 76016**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
2 of 3

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

05/08/2013

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JAMES MCKELVA

6 Contributor address; City; State; Zip Code

412 S. FIELDER  
ARLINGTON, TX 76013

7 Amount of contribution (\$)

100  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/08/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Wm. E. MCKNIGHT

Contributor address; City; State; Zip Code

P.O. BOX 1052  
ARLINGTON, TX 76004

Amount of contribution (\$)

200  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/08/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

MPAC ARLINGTON

Contributor address; City; State; Zip Code

1316 S. PECAN  
ARLINGTON, TX 76010

Amount of contribution (\$)

200  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/08/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

CHARLES & NORA GREEN

Contributor address; City; State; Zip Code

212 E. ABRAM  
ARLINGTON, TX 76110

Amount of contribution (\$)

200  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/14/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JOE BOWERS

Contributor address; City; State; Zip Code

530 AVE. H EAST # 102  
ARLINGTON, TX 76011

Amount of contribution (\$)

100  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3 of 3

2 FILER NAME LANA W. WOLFF

3 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

4 Date 05/20/2013

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JOSEPH C. MERRILL

7 Amount of contribution (\$) 50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
4 COUNTRY CLUB CT.  
ARLINGTON, TX 76013

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/25/2013

APA PAC  
Contributor address; City; State; Zip Code  
P.O. BOX 856  
ARLINGTON, TX 76004

-

1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F:<br><i>ONE</i>                      | <b>2</b> FILER NAME<br><i>LANA W. WOLFF</i>   | <b>3</b> ACCOUNT # (Ethics Commission Filers)<br><i>—</i>                                   |
| <b>4</b> Date<br><i>5/8/2013</i>                                    | <b>5</b> Payee name<br><i>ARLINGTON POLICE ASSOC.</i>   |   |
| <b>6</b> Amount (\$)<br><i>1,000 —</i>                              | <b>7</b> Payee address; City; State; Zip Code<br><i>P.O. BOX 856<br/>ARLINGTON, TX 76004</i>    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>SIGNS + LABOR</i> | <b>(b)</b> Description (If travel outside of Texas complete Schedule T)<br><i>—</i>         |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>—</i>   | Office sought<br><input type="checkbox"/>   |
| Office held<br><input type="checkbox"/>                             |   |   |
| Date<br><i>5/8-2013</i>   | Payee name<br><i>MURPHY NASICA + ASSOC.</i>   |   |
| Amount (\$)<br><i>4,649.37</i>                                      | Payee address; City; State; Zip Code<br><i>815-A BRAZOS #304<br/>AUSTIN, TX 78701</i>           |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><i>MAILER PRINTING DESIGN</i>   | Description (If travel outside of Texas complete Schedule T)<br><i>ADVERTISING INV. 126</i> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br><i>—</i>   | Office sought<br><input type="checkbox"/>   |
| Office held<br><input type="checkbox"/>                             |   |   |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)                                    | Description (If travel outside of Texas complete Schedule T)                                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought   |
| Office held   |   |   |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)                                    | Description (If travel outside of Texas complete Schedule T)                                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought   |
| Office held   |   |   |

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